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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Number

BFB1R

First Named Inventor

Borsakian

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLOR CHANGING NAIL POLISH

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application
Number(s)**

Country

**Foreign Filing Date
(MM/DD/YYYY)**

**Priority
Not Claimed**

**Certified Copy Attached?
YES NO**

☐
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

60/305,595

07/19/2001

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Norton R. Townsley, Registration No. 33608

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State CA

ZIP 90230

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Telephone 1-310-645-7259

Fax 1-310-215-3248

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name Benny
(first and middle (if any))Family Name Borsakian
or SurnameInventor's
Signature

Date 12/19/2001

Residence: City Encino

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Country USA

Citizenship US

Mailing Address TOMA INDUSTRIES

Mailing Address 7240 Coldwater Canyon Avenue

City North Hollywood

State CA

ZIP 91605

Country USA

NAME OF SECOND INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name Janel
(first and middle (if any))Family Name Faraci
or SurnameInventor's
Signature

Date 12/19/2001

Residence: City Encino

State CA

Country USA

Citizenship US

Mailing Address TOMA INDUSTRIES

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City North Hollywood

State CA

ZIP 91605

Country USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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| | |
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| Application Number | |
| Filing Date | |
| First Named Inventor | Borsakian |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | BFB1R |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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| Name | Registration Number |
|--------------------|---------------------|
| Norton R. Townsley | 33,608 |
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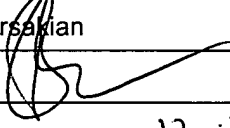
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| <input checked="" type="checkbox"/> Firm or Individual Name | Norton R. Townsley | | | | |
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| Address | Suite 330 | | | | |
| City | Culver City | State | CA | Zip | 90230 |
| Country | USA | | | | |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-3248 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Benny Borsakian |
| Signature |  |
| Date | 12-3-01 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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| Application Number | |
| Filing Date | |
| First Named Inventor | Borsakian |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | BFB1 |

I hereby appoint:

☐ Practitioners at Customer Number →

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☒ Practitioner(s) named below:

| Name | Registration Number |
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| Norton R. Townsley | 33,608 |
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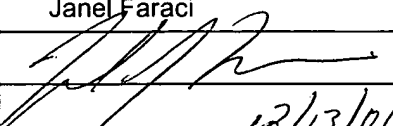
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| Country | USA | | | | |
| Telephone | 1-310-645-7259 | Fax | 1-310-215-3248 | | |

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Janel Faraci |
| Signature |  |
| Date | 12/13/01 |

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☒ *Total of 2 forms are submitted.